## N18 000 004 612

(Re	equestor's Name)	
(Ad	ldress)	<u>-</u>
(Ad	ldress)	
,	•	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000310941470

03/28/18--01022--002 ++87.50

18 APR 16 PH 1: 38 Secret And Colors TALLAMASSEE FIGUR

D O'KEEFE APR 2 6 2018

W18-30809



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2018

CLAUDY PAUL 1563 NATCHEZ TRACE BLVD. ORLANDO, FL 32818

SUBJECT: UNITED FAMILY APOSTOLIC CHURCH OF JESUS CHRIST OF

**BETHLELEM** 

Ref. Number: W18000030808

We have received your document for UNITED FAMILY APOSTOLIC CHURCH OF JESUS CHRIST OF BETHLELEM and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entity name in Articles and cover page does not match.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory, Specialist II

RECEIVED

Letter Number: 418A0000645

18 APR 16 PH 1: 31

## COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: United Family Abostolic Church of Jesus Christ of Bethlehem, It

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$70.00 Filing Fee

\$78.75

Filing Fee &

Certificate of

Status

**□**\$78.75

**⊻** \$87.50

Filing Fee & Certified Copy

Filing Fee. Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: CLAUDY PAUL
Name (Printed or typed)

1563 Natchez Trace BLVD

Orlando Fl. 32818
City State & Zip

E-mail address: To be used for future annual report non-cation)

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

7	Principal <u>street</u> address:  962 Village Green Rd	Mailing address, if different is:
	Orlando F1. 32818	
The purpos		and music. Serving people withou
.~		religion, any handicap disabiliti ur great country (Community)
	tually, socially, Physically	
		18 18
ARTICLE		directors are elected and appointed:  ARC RR - SSE
ARTICLE		ille: David PierreLouis, Assistas Di
Address		Music Director.
	1563 Natchez Trace Blvg.	7962 village Green Rd.
	orlando Fl. 32818	orlando, Fl. 32818
Name and	Title: DAPhNKY A. PAUL, Name and T	•
Address		2241 Wautoma Pl.
	1583 Natchez Trace Blw.	orlando Fl. 32818
	orlando Fl. 32818	
Name and	Title: RoseFort wilguy, MusicName and T	itle: <u>Carmelo Louissaint</u> , staff
Address		4524 Hazelgrove Dr.
22.	+1 Wautoma Pl.	orlando Fl. 32818
	orlando <u>F1.32818</u>	

Address	79.62 Village Green Rd Address Oclando Fl. 32818	orlando Fl. 32818
Name and Tit Address	1 ,	and Title: Berlange Louissaint, stores: 4524 Hazelgrove Dr. Orlando Fl. 32818
ARTICLE V. The name an	I REGISTERED AGENT d Florida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name: Address:	CLAUDY PAUL 1563 Natchez Trace Orlando Fl. 32818	BIVE TALLAND
•	II INCORPORATOR  d address of the Incorporator is:  David Pierre Louis	8 APR 16 PH 1: 35 ALLAHASSEE, Having
Name: Address:	79.62 Village Green I Orlando Fl. 32818	Kd.
Effective date	III _EFFECTIVE DATE: c. if other than the date of filing:	
	date inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
	named as registered agent to accept service of proce im familiar with and accept the appointment as registe Required Simpler of Registered Agent	ess for the above stated corporation at the place designated in red agent and agree to act in this capacity  ———————————————————————————————————
I submit this	document and affirm that the facts starfd nevein are tr ment of State constitute a third degree felony a provide	ue. I am aware that any false information submitted in a docum